

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

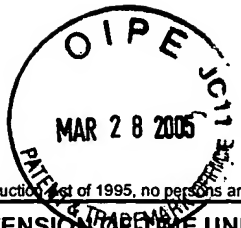


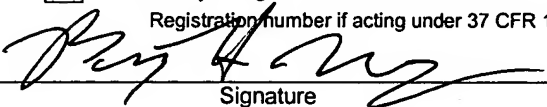
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/701,940 Filing Date November 4, 2003 First Named Inventor Charles E. HEGER Examiner Name Y. McCall Art Unit 2859 Attorney Docket No. 549242002200	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	660.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100	0														
Design	200	100	100	50	130	65	0														
Plant	200	100	300	150	160	80	0														
Reissue	300	150	500	250	600	300	0														
Provisional	200	100	0	0	0	0	0														
2. EXCESS CLAIM FEES																					
							Small Entity														
Fee Description							Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>33</td> <td>- 51 = 0</td> <td>x 25 =</td> <td>0</td> <td>180</td> <td></td> <td>0</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	33	- 51 = 0	x 25 =	0	180		0	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
33	- 51 = 0	x 25 =	0	180		0															
<table border="0"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>17</td> <td>- 11 = 6</td> <td>x 100 =</td> <td>600</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	17	- 11 = 6	x 100 =	600							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
17	- 11 = 6	x 100 =	600																		
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table border="0"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>0</td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		- 100 =	/50	(round up to a whole number) x	0				
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
	- 100 =	/50	(round up to a whole number) x	0																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 2251 Extension for response within first month							60.00														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,049
Name (Print/Type)	Bryan H. Wyman	Telephone	(650) 813-5779
		Date	March 28, 2005



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 549242002200	
Application Number 10/701,940		Filed November 4, 2003	
For MODULAR LASER LAYOUT SYSTEM			
Art Unit 2859		Examiner Y. McCall	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,049</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 Signature		<u>March 28, 2005</u> Date	
<u>Bryan H. Wyman</u> Typed or printed name		<u>(650) 813-5779</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

03/31/2005 HALI11 00000015 031952 10701940

01 FC:2251 60.00 DA